

☒ **REPORT OF LOBBYIST EMPLOYER**

(Government Code Section 86116)

1/9

or

☐ **REPORT OF LOBBYING COALITION**

(2 Cal. Code of Regs. Section 18616.4)

FORM 635
1993

IMPORTANT: Lobbying Coalitions must attach a completed Form 635-C to this Report.

REPORT COVERS PERIOD FROM 01/01/2019 **THROUGH** 03/31/2019

CUMULATIVE PERIOD BEGINNING 01/01/2019

TYPE OR PRINT IN INK

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

FOR OFFICIAL USE ONLY

A AMENDMENT 002

B

NAME OF FILER:

CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

BUSINESS ADDRESS: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO CA 95814

PART I - LEGISLATIVE OR STATE AGENCY ADMINISTRATIVE ACTIONS ACTIVELY LOBBIED DURING THE PERIOD

(See instructions on reverse.)

SEE MEMO:

☒ If more space is needed, check box and attach continuation sheets.

SUMMARY OF PAYMENTS THIS PERIOD

A. Total Payments to In-House Employee Lobbyists (Part III, Section A, Column 1)	\$	<u>336994.44</u>
B. Total Payments to Lobbying Firms (Part III, Section B, Column 4)	\$	<u>139136.28</u>
C. Total Activity Expenses (Part III, Section C)	\$	<u>0.00</u>
D. Total Other Payments to Influence (Part III, Section D)	\$	<u>440263.39</u>

GRAND TOTAL (A + B + C + D above)	\$	<u>916394.10</u>
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E. Total Payments in Connection with PUC Activities (Part III, Section E)	\$	<u>0.00</u>
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F. Campaign Contributions: ☒ Part IV completed and attached ☐ No campaign contributions made this period

VERIFICATION

I have used all reasonable diligence in preparing this Report. I have reviewed the Report and to the best of my knowledge the information contained herein and in the attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)
07/24/2019

At (City and State)
SACRAMENTO, CA

By (Signature of Employer or Responsible Officer)
LOIS RICHARDSON

Name of Employer or Responsible Officer (Type or Print)
LOIS RICHARDSON

Title
VICE PRESIDENT AND COUNSEL

PERIOD COVERED: 01/01/2019 03/31/2019

NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT (See instructions on reverse.)

Name and Title	Name and Title
Employee PATRICIA BLAISDELL LEGISLATIVE ADVOCATE	Employee BARBARA L. GLASER LEGISLATIVE ADVOCATE
Employee DIETMAR GRELLMANN LEGISLATIVE ADVOCATE	Employee ANNE McLEOD LEGISLATIVE ADVOCATE
Employee AMBER OTT LEGISLATIVE ADVOCATE	Employee PEGGY BROUSSARD WHEELER LEGISLATIVE ADVOCATE
Employee AMBER KEMP LEGISLATIVE ADVOCATE	Employee SHEREE LOWE LEGISLATIVE ADVOCATE
Employee BJ BARTLESON LEGISLATIVE ADVOCATE	Employee GAIL BLANCHARD SAGER LEGISLATIVE ADVOCATE

☒ If more space is needed, check box and attach continuation sheets.**PART III - PAYMENTS MADE IN CONNECTION WITH LOBBYING ACTIVITIES**

A. PAYMENTS TO IN-HOUSE EMPLOYEE LOBBYISTS (See instructions on reverse. Also enter the Amount This Period (Column 1) on Line A of the Summary of Payments section on page 1.)	(1) Amount This Period	(2) Cumulative Total To Date
	\$ 336994.44	\$ 336994.44

B. PAYMENTS TO LOBBYING FIRMS (Including Individual Contract Lobbyists)

Name and Address of Lobbying Firm/Independent Contractor	(1) Fees & Retainers	(2) Reimbursements of Expenses	(3) Advances or Other Payments (attach explanation)	(4) Total This Period	(5) Cumulative Total to Date
HURST BROOKS ESPONOSA,LLC SACRAMENTO CA 95814	24000.00	136.28	0.00	24136.28	24136.28
READ & ASSOCIATES,AARON SACRAMENTO CA 95814	22500.00	0.00	0.00	22500.00	22500.00
CAPITOL STRATEGIES GROUP,INC. SACRAMENTO CA 95814	17500.00	0.00	0.00	17500.00	17500.00
CAPITOL ADVOCACY,LLC SACRAMENTO CA 95814	75000.00	0.00	0.00	75000.00	75000.00

TOTAL THIS PERIOD (Column 4)Also enter the total of Column 4 on Line B of the
Summary of Payments section on page 1.

\$ 139136.28

☐ If more space is needed, check box and attach
continuation sheets

PERIOD COVERED: 01/01/2019 03/31/2019

NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

C. ACTIVITY EXPENSES (See instructions on reverse.)

Date	Name and Address of Payee	Name and Official Position of Reportable Persons and Amount Benefiting Each	Description of Consideration	Total Amount of Activity
			\$	\$

☐ If more space is needed, check box and attach continuation sheets.

 TOTAL SECTION C (Activity Expenses)
 Also enter the total of Section C on Line C of
 the Summary of Payments section on page 1.

\$ 0.00

D. OTHER PAYMENTS TO INFLUENCE LEGISLATIVE OR ADMINISTRATIVE ACTION
☒ NOTE: State and local government agencies do not complete this section. Check box and complete Attachment Form 640 instead.

1. PAYMENTS TO LOBBYING COALITIONS (NOTE: You must attach a completed Form 630 to this Report.)

\$ 0.00

\$ 440263.39

2. OTHER PAYMENTS

 TOTAL SECTION
 D (1 + 2) Also
 enter the total of
 Section D on Line
 D of the Summary
 of Payments
 section on page 1.

\$ 440263.39

E. PAYMENTS IN CONNECTION WITH ADMINISTRATIVE TESTIMONY IN RATEMAKING PROCEEDINGS BEFORE THE CALIFORNIA PUBLIC UTILITIES COMMISSION

Also, enter the total of Section E on Line E of the Summary of Payments section on page 1. (See instructions on reverse.)

\$ 0.00

PERIOD COVERED: 01/01/2019 03/31/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

PART IV -- CAMPAIGN CONTRIBUTIONS MADE (Monetary and non-monetary campaign contributions of \$100 or more made to or on behalf of state candidates, elected state officers and any of their controlled committees, or committees supporting such candidates or officers must be reported in A or B below.)

- A. If the contributions made by you during the period covered by this report, or by a committee you sponsor, are contained in a campaign disclosure statement which is on file with the Secretary of State, report the name of the committee and its identification number, if any, below.

Name of Major Donor or Recipient Committee Which
Has Filed A Campaign Disclosure Statement:

Identification Number if
Recipient Committee: 790773

CA HOSPITAL ASSOCIATION PAC

- B. Contributions of \$100 or more which have not been reported on a campaign disclosure statement, including contributions made by an organization's sponsored committee, must be itemized below.

Date	Name of Recipient	I.D. Number if Committee	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$



If more space is needed, check box and attach continuation sheets.

NOTE: Disclosure in this report does not relieve a filer of any obligation to file the campaign disclosure statements required by Gov. Code Section 84200, et seq.

PERIOD COVERED: 01/01/2019 03/31/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH**PART II - PARTNERS, OWNERS, AND EMPLOYEES WHOSE "LOBBYIST REPORTS" (FORM 615) ARE ATTACHED TO THIS REPORT** (See instructions on reverse.)

Name and Title

Employee
ALEXANDER HAWTHORNE
LEGISLATIVE ADVOCATE

Employee
MORRISE RICHARDSON
LEGISLATIVE ADVOCATE

Employee
KATHRYN AUSTIN SCOTT
LEGISLATIVE ADVOCATE

Employee
MARIA SPERBER
LEGISLATIVE ADVOCATE

Employee
DEBBY ROGERS
LEGISLATIVE ADVOCATE, DELETED 3/28/2019

Attachment Form 640

(Attachment to Form 635 or Form 645)

CALIFORNIA
1993 FORM**640**

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PERIOD COVERED: 01/01/2019--03/31/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH**For Use By:** A state or local government agency that qualifies as a lobbyist employer or a \$5,000 filer. Refer to the instructions on the cover page before completing this attachment.**Other Payments to Influence Legislative or Administrative Action:**

1. Total payments for overhead expenses related to lobbying activity. <u>Report as a lump sum.</u>	\$ 35480.40
2. Total payments to Lobbying Coalitions. <u>Report as a lump sum.</u> (Form 630 must be attached)	\$ 0.00
3. Total payments of less than \$250 during the calendar quarter for lobbying activity (excluding overhead). <u>Report as a lump sum.</u>	\$ 0.00
4. Total payments of more than \$250 during the calendar quarter for lobbying activity (excluding overhead). Such payments must be itemized below.	\$ 404782.98
5. Grand total of "Other Payments to Influence Legislative or Administrative Action." Also enter this total on the appropriate line of the Summary of Payments section on Page 1 of Form 635 or Form 645.	\$ 440263.38

Itemize below payments of \$250 or more made during the quarter for lobbying activity. Provide the name and address of the payee, the amount paid during the quarter, and the cumulative amount paid to the payee since January 1 of the biennial legislative session covered by the report.

Also itemize dues or similar payments of \$250 or more made to an organization that makes expenditures equal to 10% of its total expenditures or \$15,000 or more in a calendar quarter to influence legislative or administrative action. Provide the organization's name and address, the amount paid to the organization during the quarter, and the cumulative amount paid to the organization since January 1 of the biennial legislative session covered by the report.

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1
[P] - RANDLE COMMUNICATIONS SACRAMENTO CA 95814	\$ 299886.98	\$ 299886.98
[S] - JAN EMERSON-SHEA SACRAMENTO CA 95814	\$ 26092.00	\$ 26092.00
[S] - CARMELA COYLE SACRAMENTO CA 95814	\$ 23050.00	\$ 23050.00
Subtotal of all payments itemized above	\$ 349028.98	

☒ If more space is needed, check box and attach continuation sheets.


Attachment Form 640

(Continuation Sheet)

CALIFORNIA
1993 FORM**640**

7/9

PERIOD COVERED: 01/01/2019--03/31/2019NAME OF FILER: CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

Name & Address of Payee	Amount This Quarter	Cumulative Amount Since January 1 Biennial Legislative Session
[S] - RYAN WITZ SACRAMENTO CA 95814	14819.00	14819.00
[S] - JACKIE GARMAN SACRAMENTO CA 95814	14791.00	14791.00
[S] - LOIS RICHARDSON SACRAMENTO CA 95814	14544.00	14544.00
[L] - CAPITOL PARTNERS SACRAMENTO CA 95814 Reference No: 28	7000.00	7000.00
[S] - CATHY MARTIN SACRAMENTO CA 95814	4600.00	4600.00
		
Subtotal of all payments itemized above	\$ 55754.00	

AMENDMENT TO LOBBYING DISCLOSURE REPORT

8/9

FOR USE BY FILERS AMENDING REPORTS FILED PURSUANT
TO GOVERNMENT CODE SECTIONS 86100-86117

FORM 690
1990

TYPE OR PRINT IN INK

FOR OFFICIAL USE ONLY

A

B

For information required to be provided to you pursuant to the Information Practices Act of 1977, see [Information Manual on Lobbying Disclosure Provisions of the Political Reform Act](#).

NAME OF FILER:

CALIFORNIA HOSPITAL ASSOCIATION/CALIFORNIA ASSOCIATION OF HOSPITALS AND HEALTH

NAME OF EMPLOYER OR FIRM: (If this amendment is being filed by a lobbyist)

BUSINESS ADDRESS OF FILER: (Number and Street)

(City)

(State)

(Zip Code)

TELEPHONE NUMBER:

SACRAMENTO

CA

95814

(The information required must correspond to the information provided on the original report filed.)

1. The following information amends the lobbying disclosure report Form No. F635 executed on 04/26/2019
(Mo. - Day - Year)
for the period 01/01/2019 to 03/31/2019.

2. Amended information affects items on Part(s) IIIB AND 640 Section(s) _____.

3. Describe changes below.

UPDATE FORM 635 PART IIIB AND FORM 640.

VERIFICATION

I have used all reasonable diligence in preparing this Amendment. I have reviewed the Amendment and to the best of my knowledge the information contained herein is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on (Date)

07/24/2019

At (City and State)

SACRAMENTO, CA

By (Signature of Filer)

LOIS RICHARDSON

Name of Filer (Type or Print)

LOIS RICHARDSON

Title

VICE PRESIDENT AND COUNSEL

TEXT ANNOTATION

PAGE 1

Schedule F635

Reference No:

CALIFORNIA STATE LEGISLATURE AND GOVERNORS OFFICE REGARDING AB 4,AB 26,AB 27,AB 50 AB 51,AB 149,AB 174,AB 184 - AB 204,AB 277,AB 288,AB 290,AB 314,AB 329,AB 389,AB 414,AB 418,AB 464,AB 480,AB 506,AB 589,AB 601,AB 673,AB 680,AB 682, - AB 714,AB 715,AB 741,AB 749,AB 774,AB 790,AB 829,AB 844,AB 887,AB 890,AB 910,AB 950 AB 962,AB 1014,AB 1035,AB 1038,AB 1055,AB 1067,AB 1069,AB 1075,AB 1088,AB 1280,AB 1352,AB 1514,AB 1550,AB 1572,AB 1601,AB 1611,AB 1634,AB 1656,AB 1740 AB 1759,AB 1780,SB 10,SB 29,SB 37,SB 56,SB 65,SB 66,SB 142,SB 175,SB 227,SB 305,SB 334,SB 343,SB 382 SB 425,SB 445,SB 464,SB 539,SB 561,SB 567,SB 569,SB 640,SB 688,SB 714,SB 749,SB 758,SB 788; STATE AND ASSEMBLY BUDGET: STATE BUDGET: 340 - B/PHARMACY,WHOLE PATIENT CARE,IHSS MOE,PROP 55; DEPARTMENT OF HEALTH SERVICES REGARDING MEDI-CAL,ACCE - SS; HOSPITAL FEE; MANAGED CARE RULE; HEALTH AND HUMAN SERVICES REGARDING LICENSING AND CERTIFICATION; S - NF ACCESS FOR MEDI-CAL BENEFICIARIES; DEPARTMENT OF PUBLIC HEALTH REGARDING LICENSING AND REGULATION; D - EPARTMENT OF INDUSTRIAL RELATIONS REGARDING PAID SICK LEAVE,HEALTHCARE WORKPLACE VIOLENCE PREVENTION - REGULATIONS; DEPARTMENT OF MANAGED CARE REGARDING HEALTH PLAN ISSUES; OFFICE OF STATEWIDE HEALTH PLA - NNING AND DEVELOPMENT REGARDING SEISMIC SAFETY,HEALTH FACILITIES ISSUES.

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Schedule S640

Reference No: 28